# NHFNH Purchase Record Form

**Farm Name:** _____ Town/City: _____

Phone Number: _____ Date of Purchase: _____

| Item | Weight | Price |
|---|---|---|
| | lbs | $ |
| | lbs | $ |
| | lbs | $ |
| | lbs | $ |
| | lbs | $ |
| | lbs | $ |
| | lbs | $ |
| | lbs | $ |
| | lbs | $ |
| | lbs | $ |
| | lbs | $ |
| | lbs | $ |
| | lbs | $ |
| | lbs | $ |
| | lbs | $ |

Total Cost: _____

**Partner Agency Name:** _____

Program Number: _____ Your Name: _____

Your Email: _____

Signature: _____